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| FIELDWORK DETAILS |
| Brief Description of Fieldwork: |
| Date/Time of Departure: | Date/Time of Return: |
| Fieldwork Location: Provide route of travel, GPS coordinates, or attach a map |

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| COORDINATION OF FIELDWORK |
| Fieldwork Supervisor: |
| Fieldwork Leader: |
| Safety Contact: |
| Home/Other Important numbers: |
| Name of qualified first aid provider(s): |
| Contact information of accommodation provider: |
| Contact information of nearest hospital: |
| FIELDWORK VEHICLE(S) DETAILS [Automobile, ATV, Boat, etc] |

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| Make | Model | License Plate/Registration # |
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| COMMUNICATION TOOLS Two (2) different forms MUST be taken |
| Mobile Phone Number: |
| Satellite Phone Number: |
| UHF Radio Number: |
| Other: |

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| EMERGENCY EQUIPMENT |
| First Aid Kit Yes  |
| Survival Kit Yes |
| Wildlife Repellant Yes |
| Other Yes |

FIELDWORK PLANNING ASSESSMENT

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| ADDITIONAL EMERGENCY PROCEDURES |
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| CONTACT INFORMATION OF FIELDWORK PARTICIIPANTS |
| Full Name of Participant | Contact Number |
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|  SUPERVISOR USE ONLYSUPERVISORS: Please ensure the Fieldwork Planning Assessment details above are completed accurately.Thia Fieldwork Planning Assessment has been read and approved by the undersigned. Name of Supervisor (Printed) Date Signature of Supervisor |